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APPLICANTS

Steven Baker, Piqua, OH;
 Alan Yacobozzi, Marysville, OH;
 Helena Porczak, Naperville, IL;
 Catalina Reasoner, Columbus, OH;

** CONTINUING DATA *****

None *6-11-07*

** FOREIGN APPLICATIONS *****

None *6-11-07*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/08/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 20	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

8698

TITLE

System and method for managing returnable containers

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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